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Atty Docket No. 021989-000211US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner Z. Lucas

Group Art Unit 1648

**OFFICIAL COMMUNICATION  
FOR THE PERSONAL ATTENTION OF  
EXAMINER Z. Lucas**

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that the following documents in re Application of George H. Lowell, et al., Application No. 09/938,406, filed August 21, 2001 for PROTEIN AND PEPTIDE VACCINES FOR INDUCING MUCOSAL IMMUNITY are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Form PTO/SB/21
2. Request For Withdrawal As Attorney Or Agent And Change Of Correspondence Address

Number of pages being transmitted, including this page: 3

Dated: October 7, 2005

Timothy S. Parker  
\_\_\_\_\_  
Timothy S. Parker

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TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, CA 94111-3834  
Telephone: 858-350-6100  
Fax: 415-576-0300  
60603119 v1

PTO/SB/21 (08-04)

<b>TRANSMITTAL FORM</b>		Application Number 09/938,406
		Filing Date August 21, 2001
		First Named Inventor Lowell, George H.
		Art Unit 1648
		Examiner Name Z. Lucas
Total Number of Pages in This Submission <i>(to be used for all correspondence after initial filing)</i>	2	Attorney Docket Number 021989-000211US

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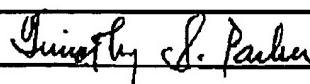
ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Request for Withdrawal as Attorney or Agent and Change of Correspondence Address		
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Scott E. McPherson		
Date	October 7, 2005	Reg. No.	53,307

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-671-273-8300 on October 7, 2005.

Signature			
Typed or printed name	Timothy S. Parker	Date	October 7, 2005

60603114v1

PTO/SB/63 (04-05)

<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>		Application Number	09/938,406
		Filing Date	August 21, 2001
		First Named Inventor	LOWELL, George H.
		Art Unit	1648
		Examiner Name	Lucas Zachariah
		Attorney Docket Number	021989-000211US

**To:** Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.  
 all the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 all the attorneys/agents associated with Customer Number 20350

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

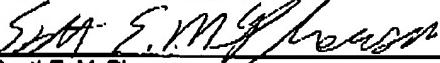
The reasons for this request are: Client requests to transfer matter

#### CORRESPONDENCE ADDRESS

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Seed Intellectual Property Law Group PLLC		
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City	Seattle	State WA	Zip 98104
Country	US		
Telephone	206-622-4900		Email <a href="mailto:info@seedIP.com">info@seedIP.com</a>
Signature			
Name	Scott E. McPherson	Registration No. 53,307	
Date	October 7, 2005	Telephone No. 858-350-6100	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

60592378v1